



**AMERICANS WITH DISABILITIES ACT (ADA)**

**Complaint Form**

This form may be used by any individual to file a complaint alleging discrimination on the basis of disability in meetings, services or activities of the Florida Department of Business and Professional Regulation (DBPR) under Title II of the ADA. Alternate means of filing a complaint, such as personal interviews or tape recordings, are available upon request for people with disabilities. All complaints will be kept on file for a minimum of three years.

Filing Date: \_\_\_\_\_ Date of Alleged Incident: \_\_\_\_\_

Complainant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

The alleged act of discrimination involves which DBPR Division, meeting, agency or program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the alleged act of discrimination (additional paper may be attached):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

This complaint form (or alternate reporting method) should be submitted by the complainant or his/her designee as soon as possible, but no later than 120 days after the alleged violation, to:

**Kimberly Allen**  
**[Kimberly.Allen@myfloridalicense.com](mailto:Kimberly.Allen@myfloridalicense.com)**  
**Florida Department of Business & Professional Regulation**  
**2601 Blair Stone Road Tallahassee, FL 32399-1010**  
**850.717.1754 (phone) 850.921.8992 (fax)**